

**COMMONWEALTH OF VIRGINIA
BATCH HEADER**

BC	B Acct

FM

Data Entry Batch Count

Data Entry Batch Amount

Level _____ System _____

Key _____ Balanced _____ Yes _____ No _____

Verify _____ Balanced _____ Yes _____ No _____

Update _____ Balanced _____ Yes _____ No _____

Type of Documents - Check Only One

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 1 | Encumbrance |
| <input type="checkbox"/> | 2 | Travel |
| <input type="checkbox"/> | 3 | Vendor Payments |
| <input type="checkbox"/> | 4 | Interagency Transfer |
| <input type="checkbox"/> | 5 | DOA Journal Entry |
| <input type="checkbox"/> | 6 | Ag. Transaction Voucher |
| <input type="checkbox"/> | 7 | Deposit Certificates |
| <input type="checkbox"/> | 8 | Budget Transactions |
| <input type="checkbox"/> | 9 | Payrolls |
| <input type="checkbox"/> | D | Debit Memo |
| <input type="checkbox"/> | F | FAACS |
| <input type="checkbox"/> | O | Ag. Operating Exp. Plan |
| <input type="checkbox"/> | P | Petty Cash |
| <input type="checkbox"/> | R | Rev. Refund |
| <input type="checkbox"/> | T | EFT |
| <input type="checkbox"/> | X | Vouchers with Vendor
Remittance Coupons |
| <input type="checkbox"/> | | Other |

Batch Agency No	MM	Batch Date DD	YYYY	BT	Batch No.

Computed Batch Count

Computed Batch Amount

Agency List No

Edit Opt.

Check One
<input type="checkbox"/> DOA Keyed
<input type="checkbox"/> AGY Keyed
<input type="checkbox"/> Mag Tapes
<input type="checkbox"/> Other

Tape Identification _____

No. of tape Records _____

No. of pages in computer listing _____

Agency Name: _____

To the Comptroller: It is hereby certified that the request for disbursements of State fund specified herein has been reviewed by me and is accurate to the best of my knowledge and belief. The amounts itemized are considered to be legitimate and proper charges to the appropriations indicated herein, and are hereby approved for payment. These payment have not been previously authorized. This certification applies to goods or services received or performed, refunds, petty cash reimbursements, and travel expenses.

Signature of Approving Officer _____

Print Name _____

Title _____

DEPARTMENT OF ACCOUNTS USE ONLY

Document No.	Vendor	Reason	No. of Grids	Amount of Charge

Reviewed By: _____

Date: _____

ORIGINAL